

RECORD OF LEAVE DATA

| | | | | | | | | | | | | | | | |
|--|--|------|-----|---|--------|-------|--|---|------|------|------|----------|------|------|--|
| 1. Name (Last, First, Middle) | | | | 2. Social Security Number | | | | 3. (For agency use) | | | | | | | |
| 4. Date and Nature of Separation | | | | 5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| | | | | B. Last Date Subject to 5 U.S.C. 6304(B) | | | | C. Annual Leave Balance as of That Date (Hours) | | | | | | | |
| 6. Total Service for Leave (as of Date of Separation) | | | | <input type="checkbox"/> More than 15 Years | | | | <input type="checkbox"/> Less Than 15 Years (show) _____ Years _____ Months _____ Days | | | | | | | |
| SUMMARY OF ANNUAL AND SICK LEAVE | | | | | | | | SUMMARY OF HOME LEAVE | | | | | | | |
| 7. Carryover Balance From Prior Leave Year Ending | | MO. | DAY | YEAR | HOURS | | | 18. Basic Service Period of 24 Months of Continuous Service Abroad: _____ Date Started _____ Date Completed _____ | | MO. | DAY | YEAR | | | |
| | | | | | Annual | Sick | Restored | | | | | | | | |
| 8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks) | | | | | | | | 19. Current 12 Months Accrual Period Began on _____ | | | | | | | |
| 9. Total | | | | | | | | Hours Absent Without Pay Since That Date _____ | | | | | | | |
| 10. Reduction in Credits, If Any (current year) | | | | | | | | 20. Current Balance (or accrual) as of _____ | | | | | | | |
| 11. Total Leave Taken, Current Year Through Date of Separation | | | | | | | | Number of Days _____ | | | | | | | |
| 12. Balance | | | | | | | | 21. Twelve Months Accrual Date as of Date of Separation _____ | | | | | | | |
| 13. Total Hours Paid in Lump Sum (includes _____ hours for holidays) | | | | | | | | | | | | | | | |
| 14. Salary Rate(s) Per Hour: | | | | | | | | | | | | | | | |
| 15. Lump Sum Leave Dates (if part-time tour, explain in Remarks) a. Restored b. Annual Leave Above Ceiling c. Annual Leave Within Ceiling | | | MO. | DAY | YEAR | HOURS | 22. Dates Leave Used Prior 24 Months | | FROM | | | TO | | | |
| | | From | | | | | | | MO. | DAY | YEAR | MO. | DAY | YEAR | |
| | | Thru | | | | | | | | | | | | | |
| | | From | | | | | | | | | | | | | |
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| | | From | | | | | | | | | | | | | |
| | | Thru | | | | | | | | | | | | | |
| ABSENCE WITHOUT PAY | | | | | | | | MILITARY LEAVE | | FROM | | | TO | | |
| 16. During Leave Year in Which Separated | | | | | Hours | MO. | DAY | | | YEAR | MO. | DAY | YEAR | | |
| 17. A. Date of Last Equivalent Increase | | | | | | | | | | | | | | | |
| B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments) | | | | | Hours | | | | | | | | | | |
| 24. Remarks (include shore leave information, if applicable): | | | | | | | | | | | | | | | |
| 25. Certified Correct By: (Signature) | | | | | | | 26. Title, Agency, Address, Telephone Number | | | | | 27. Date | | | |